

MALARIAL TREATMENT OF NEUROSYPHILIS

in eleven, with improvement in the condition of the spinal fluid in ten. After malarial treatment a change in the serology of the blood towards negativity occurred in fifteen of our patients. Such a reaction in the blood does not of course necessarily reflect the true state of the spinal fluid. Hence, the information obtained from serological examinations of the blood alone in an effort to establish or to confirm the diagnosis of neurosyphilis or to control treatment can be fallacious. It is, however, important to obtain a reversal if possible of a positive serological reaction in the blood because this indicates that the further spread of infection may be prevented.

Summary and conclusions

(1) Twenty cases of active neurosyphilis before the onset of dementia paralytica have been treated by infection with malaria. Previously, most of the patients had been treated energetically with antisyphilitic measures without material clinical or serological benefit.

(2) Progress of all the patients has been followed and they have been examined periodically, both clinically and pathologically. Further chemical treatment has been given when considered necessary.

(3) After combined malarial and chemical treatment, clinical improvement has taken place and has been maintained in fifteen patients, together with improvement in the condition of the cerebrospinal fluid and in the blood serum reactions.

(4) It is suggested that malarial therapy has a place in the treatment of selected patients suffering from the earlier forms of neurosyphilis and that venereal disease clinics should be situated at or affiliated to hospitals where facilities for this form of treatment are available.

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Penicillin used in the treatment of early syphilis

J. F. Mahoney, R. C. Arnold and Ad. Harris report that after proving the usefulness of penicillin in treating syphilis in animals, they decided to study the drug's effects on early syphilis in human beings. Four men, each having a single penile ulceration, were given intramuscular injections of 25,000 units of penicillin at four-hourly intervals for eight days. Forty-eight injections were given and 1,200,000 units of the drug were used. The gluteal muscle was the site for the injections. During the first eight hours of treatment some clinical manifestations were observed, but the symptoms did not show any toxic response to the drug. A comprehensive routine of serodiagnostic tests was employed. After treatment, a long period of observation is essential. If the satisfactory results are confirmed, it may become necessary to change syphilis therapy using penicillin as the base.—*Venereal Disease Information, Washington*, December, 1943.